

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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BLM

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir:
Use "APPLICATION FOR PERMIT—" for such proposals

94 JUL 26 PM 1:30
070 FARMINGTON, NM

5. Lease Designation and Serial No.

NM 28747

If Indian, Allottee or Tribe Name

If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

Dugan Production Corp.

3. Address and Telephone No.

P.O. Box 420, Farmington, NM 87499 (505) 325-1821

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

890' FSL & 800' FWL
M - 25 - 23N - 7W

8. Well Name and No.

Ballymaloe 1

9. API Well No.

30 043 20597

10. Field and Pool, or Exploratory Area

Undesignated Chacra

11. County or Parish, State

Sandoval County, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input checked="" type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all marked zones pertinent to the well.)

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OIL CON. DIV.
DIST. 3

Cancel plans to completely plug this well. The present Chacra perforations will be sealed with a plug and the upper Chacra will be perforated and tested. If this zone is not commercial, the well will be plugged. It will not be possible to receive partner approval by the 8-1-94 plugging date, so a 1 year extension of the plugging date is requested.

14. I hereby certify that the foregoing is true and correct

Signed John Alexander Title Operations Manager Date 7/26/94

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

for Chip Haraden